

Reconstructing Identity through the Climacteric : An Ethnography of Married Women in South Korea

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Abstract

Purpose: This study aims to explore and provide an in-depth analysis of the cultural patterns of identity reconstruction among married women experiencing menopause within the sociocultural context of Korea. **Method:** Spradley's ethnographic research method was applied, and data were collected until saturation through participant observation and informal interviews with 11 married Korean women experiencing climacteric transition. The collected data were then analyzed following Spradley's methodology. **Result:** The core cultural theme that emerged from the identity reconstruction experiences of married women undergoing climacteric transition was 'building the second act of life centered on oneself'. This encompasses three categories—"Reorganizing interpersonal relationships", "Rediscovering oneself as an individual", and "Anticipating and designing a better future"—along with twelve properties, forming a comprehensive structure of meaning. **Conclusion:** Based on the understanding that the climacteric transition is not a period of loss or decline but rather the starting point of new self-care, policy and educational support are needed to further strengthen the formation of a positive identity and thereby enhance the quality of life after menopause.

Keywords: Climacteric, Identity, Reconstruction, Married women, Ethnography

1. Introduction

Menopause refers to the specific point in time when ovarian function ceases and menstruation completely stops, whereas climacteric denotes the several transitional years surrounding menopause, understood as a prolonged turning point in a woman's life [1]. On average, women undergo a transition period of about four to eight years, during which they experience pronounced physical, psychological, and sociocultural changes [2]. With the global increase in women's life expectancy, many now live more than one-third of their lives after menopause [3], making this transitional stage highly significant for their overall health and quality of life [4]. Furthermore, in Korean society, where family-centered values are deeply rooted, married women often assume a central role in caring for parents, siblings, spouses, and children across generations [5]. Within this context, the health and quality of life of menopausal women should be understood not merely at the individual level but also as a crucial factor influencing the well-being of families and society at large.

Identity refers to the way an individual understands their own existence, values, roles, and sense of belonging. It is not fixed, but rather reconstructed and transformed across different life transitions [6]. Women, in particular, experience the formation and reconfiguration of identity throughout the life course, such as during adolescence, marriage, and childbirth. The climacteric, marked by changes associated with menopause, is regarded as a period in which women's identities are especially subject to reorganization [7]. Such identity transformation of women undergoing the climacteric transition extends beyond physiological changes, encompassing a complex process in which self-perception and social roles are reshaped within personal, social, and cultural contexts [8].

In Korean, the character “gaeng(更)” in *gaengnyeongi* (climacteric) means “to renew,” signifying a transitional period in which women prepare for a new stage of life. Northrup[9] interpreted the climacteric as an important opportunity for women to regain a sense of subjectivity and control in their lives. However, not all women experience such changes positively. Some perceive the end of fertility as the loss of an essential female role, or feel a sense of worthlessness due to the diminishing roles of wife and mother [10]. Moreover, married women in their 40s and 50s often face multiple stressors, including childrearing and children's independence, caring for aging parents, divorce or bereavement, personal or family illness and death, retirement or job transitions of themselves or their spouses, and financial insecurity [11]. These factors, combined with the physical and psychological changes of the climacteric, have been reported to exacerbate negative identity crises [2]. Therefore, the identity reconstruction of married women experiencing the climacteric is a process of redefining the self and adapting to new circumstances and environments. This process not only plays a critical role in their adjustment during the transitional period but also serves as a key factor in shaping their overall attitudes and experiences in life after climacteric [12][13].

Climacteric is a universal biological transition experienced by women worldwide; however, perceptions and attitudes toward it vary across nations and cultures [7][8]. Identity transformation in women extends beyond the individual dimension, being shaped by sociocultural values, family structures, and perceptions of gender roles within their cultural group, as well as through broader social contexts and interpersonal relationships [14]. In Western societies, where youth and physical attractiveness are highly valued, menopause is often negatively perceived, associated with aging and loss of vitality [15]. In contrast, in certain cultural contexts, including South Asia, women are reported to attain a special social status after menopause, which in turn facilitates the formation of a more positive identity [16][17][18]. Recently, Korean middle-aged women have increasingly prioritized personal achievement and self-realization alongside greater participation in society, and this shift has been found to foster more positive attitudes toward menopause [19].

Domestic and international studies on climacteric have primarily focused on quantitative, medically oriented research based on pre- and post-menopausal symptoms and related diseases. Recent quantitative studies focusing on married women in Korea have primarily reported the physical and psychological changes associated with menopause within the context of accumulated social and relational stressors, such as marital conflict, family caregiving responsibilities, and employment insecurity [5][20][21][22][23][24]. In addition, recent qualitative studies have examined women's adaptation strategies during menopause and have classified their perceptions of the menopausal experience [25][26][27]. However, these studies have tended to focus primarily on symptom management or coping styles, resulting in a limited and fragmentary understanding of women's menopausal experiences. There remains a critical gap in comprehensively exploring how married women experience climacteric as a transformative life transition, particularly in terms of identity reconstruction within their sociocultural context.

In the context of Korea, which has rapidly undergone sociocultural change and entered into a developed society, exploring how women experiencing the climacteric reconstruct their identities and interpreting the meaning of these lived experiences holds significant implications not only for improving the quality of life of individual women but also for the well-being of families and society at large. In today's environment, where AI-based statistics and information are rapidly disseminated, qualitative research methods are particularly effective in uncovering hidden realities and gaining a deeper understanding of new experiences. Interventions for women in the climacteric stage must reflect individual characteristics and cultural sensitivities, taking into account the sociocultural beliefs and practices related to menopause. Therefore, in order to understand the menopausal identity of married women in Korea, it is essential to focus on the cultural context of their society and to identify the cultural patterns of experience that they share in everyday life[28]. An ethnographic approach, which seeks to describe and analyze the beliefs, values, norms, thoughts, and behaviors of cultural groups as they are, is considered appropriate for this purpose.

Accordingly, this study employs an ethnographic approach to explore the cultural patterns of identity reconstruction shared by married women experiencing the climacteric within the cultural context of Korean society, and to analyze the meanings of these experiences. Through this, the study seeks to provide a holistic understanding of the group and to contribute foundational data for developing strategies to improve the quality of life of menopausal women.

Therefore, the research question guiding this study is as follows. "How do married women in Korea experience identity transformation during the climacteric?"

2. Research method

2.1. Research design

This study was designed as a qualitative research employing an ethnographic approach, situated within the sociocultural context of Korea. It seeks to describe, from the participants' own perspectives, the identity transformations experienced by married women during the climacteric and to analyze their meanings, thereby contributing to a deeper understanding of the cultural group.

2.2. Research participant

The participants of this study were married women undergoing the climacteric. Recruitment was conducted among women attending a cultural center program in District N, Seoul, who had experienced natural menopause within the past three years and were considered capable of vividly articulating their menopausal transition experiences. Participants were selected using maximum variation purposive sampling, taking into account diverse sociocultural backgrounds such as occupation, religion, educational level, number of children, and history of hormone therapy.

The researcher determined that women who experienced artificially induced menopause due to hysterectomy, oophorectomy, or breast cancer treatment may have experiences different from those of women undergoing a gradual transition through natural menopause, as menopause in these cases is induced abruptly for therapeutic purposes. In addition, although women receiving hormone replacement therapy are medically classified as menopausal, estrogen supplementation may attenuate or prevent estrogen deficiency and the associated climacteric symptoms and changes. Therefore, to focus on the cultural meanings of climacteric transition experiences among married women undergoing natural menopause, women with early surgically induced menopause and those receiving hormone replacement therapy were excluded from the study.

The researcher discontinued participant recruitment when data collection and analysis indicated that saturation had been reached, defined as the point at which previously identified categories were repeatedly confirmed and no new meaning units, concepts, properties, or relationships emerged. Data saturation was achieved with a total of 11 participants. The participants ranged in age from 49 to 55 years, with age at menopause between 48 and 54. Educational backgrounds included five with university degrees and six with high school diplomas. Occupations were distributed as follows: two professionals, three office workers, three self-employed, and three full-time homemakers. Regarding religion, four identified as Protestant, two as Buddhist, one as Catholic, and four as having no religion. The number of children ranged from one to three.

2.3. Data collection

Data collection and analysis were conducted from January to February 2025, following Spradley's ethnographic research method. Prior to participation, the researcher explained to participants the purpose of the study, the use of interviews and audio recordings, participant observation, field note documentation, and confidentiality of interview materials, and obtained informed consent. Data collection was concluded at the point of saturation, when no new themes emerged and information became repetitive, through field-based techniques such as participant observation and informal in-depth interviews.

Interviews were conducted in counseling rooms at the cultural center, in quiet cafés, and along walking trails. They took the form of open-ended, informal conversations using descriptive, structural, and contrast questions. Initially, the interviews began with empathetic engagement regarding the difficulties of menopause, and then gradually deepened toward the research questions, guided by participants' responses. For example, descriptive questions included: "Did you find menopausal symptoms particularly difficult to cope with?" and "What were the major changes you experienced during the climacteric?" Structural questions aimed to identify domains and their components, such as "Did your decision to seek economic independence from your husband begin after experiencing menopause?" Contrast questions sought to clarify differences in meaning and scope, such as "Do you think the change in your role as a mother was mainly due to your child's independence or to changes in your marital relationship?"

With participants' consent, interviews were audio-recorded using a smartphone. Immediately after each session, the researcher transcribed the recordings while recalling the interview, and used these transcripts along with field notes for data analysis. All transcripts were verbatim, and ambiguous or unclear content was marked and clarified either in subsequent interviews or through follow-up phone calls. Each participant was interviewed two to three times, with each interview lasting approximately two to four hours.

Participant observation was conducted in various settings where participants lived their daily lives, including the community center, walking trails, the homes of two participants, and cultural activities such as watching a movie together. Observations included participants' speech, behavior, and attitudes, as well as their surrounding environments. Field notes were written immediately after each observation and utilized in the data analysis.

2.4. Data analysis

Data analysis was conducted according to Spradley's ethnographic method, which involves the sequential processes of domain analysis, taxonomic analysis, componential analysis, and theme analysis. Through the analysis of interview transcripts and participant observation data, the study sought to identify cultural patterns and meanings related to how middle-aged women cope with menopausal experiences. Data collection and analysis were carried out

simultaneously in an iterative process, beginning broadly and superficially and gradually moving toward a narrower and deeper focus.

First, domain analysis involves identifying cultural scenes through a descriptive process. In this study, analytic ideas were generated through repeated review of extensive interview data concerning life changes experienced by married women during the climacteric period. As a result, a cultural domain encompassing participants' overall experiences, "reconstructing the identity of women in the climacteric," was identified.

Second, taxonomic analysis focuses on exploring the relationships among categories within a domain and their overall structure. In this study, categories were systematically organized by considering semantic relationships among experiences related to identity, with particular attention to emotions, roles, activities, and interpersonal relationships of married women in the climacteric period.

Third, componential analysis was conducted to examine the attributes of each cultural category in greater detail. For example, within the category "redefining interpersonal relationships," relationships with husbands, children, relatives, and friends were identified as key components, enabling analysis of the distinguishing attributes and meanings within the category.

Finally, during thematic analysis, recurring patterns of meaning across categories were integrated and interpreted, leading to the identification of the overarching cultural theme, "Building a second act of life centered on oneself," which permeates the domain of identity reconstruction among middle-aged women.

Importantly, data analysis was not conducted in a linear sequence beginning only after data collection, but rather initiated alongside the formulation of the research questions and proceeded in a recursive and cyclical manner, with data collection and analysis occurring concurrently.

2.5 Ethical consideration

The researcher provided participants with a written explanation of the study that described the purpose of the research, study procedures—including interviews, audio recording, and participant observation—potential risks associated with participation, confidentiality of interview content and data, and the voluntary nature of participation, including the right to refuse or withdraw at any time without penalty. The study proceeded only after informed consent was voluntarily obtained from all participants.

During the interview process, efforts were made to minimize participants' discomfort, and interview dates, times, and locations were determined in consideration of participants' preferences and circumstances. To protect participants' anonymity, each participant was assigned a numerical identifier ranging from 1 to 11.

2.6 Trustworthiness of the research

To ensure the rigor of qualitative research, we adhered to the evaluation criteria proposed by Lincoln and Guba. First, to minimize potential bias arising from the researcher's subjective interpretation and to enhance the credibility of the findings, member checking was conducted by presenting the derived categories and interpretive results to two participants after data analysis. Second, to ensure applicability, the interviews were conducted with sufficient time, and data collection and analysis continued until saturation was reached. Third, to ensure auditability, Spradley's ethnographic research stages were followed and the research methods and analysis process were described in detail. Fourth, as a researcher specializing in women's health, the researcher recognized that prior professional knowledge and pre-understandings regarding the climacteric could potentially influence the processes of data collection and

analysis. Accordingly, throughout the research process, the researcher continuously reflected on her assumptions and interpretations and applied judgment suspension and bracketing to minimize the intrusion of preconceived biases into the study. This reflective process was undertaken as part of reflexivity to examine the potential influence of the researcher's positionality and interpretations on the research findings.

3. Results

As a result of examining the cultural patterns and meanings of identity reconstruction shared by married women in Korea experiencing the climacteric, the cultural theme of "Building the second act of life centered on oneself" was identified. Based on this theme, three categories and twelve properties were derived (Table 1). The categories identified were "Reorganizing interpersonal relationships", "Rediscovering myself as an individual", and "Expectations and plans for a better future", each of which encompassed the following properties.

Table 1. Meaning structure of identity reconstruction among married women in the climacteric

Cultural theme	Categories	Properties
Building a second act of life centered on oneself	Reorganizing interpersonal relationships	Diminished presence of the husband
		Breaking away from the confinement of motherhood
		Redefining boundaries with extended family
		Strengthening friendships
	Rediscovering myself as an individual	Reflecting one's life
		Investing in oneself
		Engaging in new leisure activities
		Efforts to reaffirm femininity
	Anticipating and designing a better future	Pursuing economic independence
		Focusing on health management
		Finding new social roles and pursuing self-development
		Seeking support from others

3.1 Reorganizing interpersonal relationships

This category encompassed the properties of "Diminished presence of the husband", "Breaking away from the confinement of motherhood", "Redefining boundaries with extended family", and "Strengthening friendships". These findings demonstrate that middle-aged women experiencing the climacteric pursue and reorganize changes in their roles within interpersonal relationships, either by weakening or reinforcing connections with spouses, children, colleagues, and extended family members.

3.1.1 Diminished presence of the husband

This property reflects the experiences of married women undergoing the climacteric period, in which relationships with their husbands are reorganized due to changes in sexual life, weakened emotional bonds, and altered daily living patterns. Participants described a growing sense of autonomy within marital relationships. Some women reported rejecting sexual activity, emphasizing bodily ownership and the right to make independent decisions. This physical liberation often translated into psychological

freedom, allowing them to distance themselves from traditional wife roles and from their husbands' control. In addition, menopausal symptoms such as insomnia and urinary incontinence disrupted sleeping patterns, sometimes leading to physical separation of sleeping spaces between spouses, which in turn contributed to a sense of emotional distance.

"I don't force myself to comply with (my husband's demands) anymore. I've fulfilled my marital duties sufficiently. Now, it's my body and I do what I want with it. If I don't want to, I don't..."

"We've been sleeping in separate rooms for a long time. I suffer from insomnia, and my husband snores next to me, which makes it even harder to sleep... We eat and sleep separately, and now we live separately... We're not a couple, we live as cohabitants."

"Now, my child's father (retired) is a toothless tiger. I often say I can divorce him whenever I wants. Because I'm making money now. Even if we divorce, I can receive a substantial amount of alimony. I'm not afraid of anything anymore. "

3.1.2 Breaking away from the confinement of motherhood

This property reflects how, during the climacteric period, women begin to distance themselves from childrearing and a child-centered life, instead seeking to live as independent individuals while redefining boundaries with their children. They free themselves from the physical, emotional, and financial demands of caregiving, demonstrating a shift away from the self-sacrificial role of "mother" toward greater self-respect and self-protection.

"I've only lived for my kids... I've become like this because of supporting them... and they have no idea... I felt it was futile. Just as I'm not everything to them, I can't be everything to them anymore. I made that promise to myself..."

"Honestly, my kids were my shackles. I endured it because of them. Now that they're all grown up, I have nothing to fear... I can do what I want... and we (her and her husband) are equals now."

"These days, I believe it's not children becoming independent from their parents, but parents becoming independent from their children. I declared it as soon as my kids became adults. I'm going to become independent from your lives. You'll each take care of your own cooking, laundry, and cleaning... and once you graduate, you'll be financially independent forever."

3.1.3 Redefining boundaries with extended family

This property reflects how married women, experiencing physical and psychological changes associated with menopause, seek to maintain and regulate their relationships with relatives within the limits of their own capacity. They expressed a clear intention to gradually reorganize the obligatory roles they had previously fulfilled, taking into account their own health and personal circumstances. Such relational adjustments were particularly evident in shifting roles as daughters-in-law and daughters within both in-law and natal families, as well as in the evolving dynamics among siblings.

"I'm old too. My joints, my heart, my mind—there's nothing that doesn't hurt. I had no choice but to send my mother to a nursing home. Because my body was

hurting, so I thought, 'I guess this is it. God will understand me, too. I practiced gradually pushing my mother out of my life.'"

"Around that time, I read a book called 'Daughter-in-Law's Resignation' and did just that. I told my husband that if he didn't organize the ancestral rites, I would quit my role as daughter-in-law. I thought I'd go crazy if I didn't... That year, my husband excused me from going to my in-laws' house, using our daughter's senior year in high school as an excuse. The following year, I didn't go either, saying my knee hurt and I couldn't attend the ancestral rites. Since then, I've kept a reasonable distance from my in-laws. I don't want to spend my life at this age constantly worrying about and catering to my in-laws' expectations. "

3.1.4 Strengthening friendships

This property represented the most actively pursued and emphasized change within the category of relationship reorganization among menopausal women. Participants reported strengthening existing friendships and sisterly ties, as well as reconnecting with old friends from whom they had grown distant. In addition, they developed new friendships by reaching out to former colleagues or by participating in religious gatherings.

"The saying that all a woman needs when she gets older is friends and money is absolutely true. Right now, I rely on my friends more than my husband or children. They're precious relationships that allow me to laugh and laugh freely. Even when I felt suicidal, my friend called me several times a day to comfort me and worry about me. Even my own parents can't do that..."

"My older sister went through menopause before I did, so she told me everything in advance, which made the experience much less difficult for me. I can talk openly with her about issues involving my husband or children—things I wouldn't feel comfortable sharing with others—because she's my sister. As I get older, I increasingly feel that, in the end, my siblings are the ones I can truly rely on."

3.2 Rediscovering myself as an individual

This category included the properties of “reflecting on one’s life”, “investing in oneself”, “engaging in new leisure activities”, and “efforts to reaffirm femininity.” These properties illustrate how women, having long been constrained by family-centered responsibilities, begin to place greater value on self-reflection, self-care, and personal fulfillment. Through these processes, they actively reconstruct their identities and prepare for a more autonomous “second act” of life.

3.2.1 Reflecting one’s life

This captures the process by which women, having long prioritized familial duties and responsibilities, begin to reassess their lives and current conditions. Through reflections marked by regret and self-reproach, they come to recognize the importance of a self-centered orientation and shift toward actively engaging in self-care and seeking support, rather than conforming to external expectations.

"I've been holding on, thinking I only had to sacrifice myself. I thought if I was having a hard time, the family would be at peace, so I just had to endure it... But that turned into a chronic illness, and I ended up being so sick. I ended up

becoming the biggest burden on my family. I realized that being healthy and happy is the best way to serve my family."

"Honestly, I couldn't even think about going to a psychiatrist because I was worried about rumors getting out. Right now, I try not to worry about how others see me. I matter the most."

3.2.2 Investing in oneself

This property highlights participants' shift away from a lifestyle of suppressing their own desires and sacrificing for their families, toward prioritizing their own time, health, and needs, and investing in themselves. This change was concretely manifested in consumption patterns (clothing, cosmetics, food) and daily routines (exercise, schedules), demonstrating the transition from a family-centered to a self-centered way of life.

"As I grow older, I don't want to live as frugally as before. In the past, I thought, with this money, I could register my children for one more academy class. so I never bought myself proper clothes. Now, I buy expensive cosmetics for myself."

"Whenever our family received beef as a gift I let my kids have it all. I didn't eat any myself. But it was all meaningless. Now my time comes first, my mouth comes first, and my body comes first."

3.2.3 Engaging in new leisure activities

This property illustrates how participants, through insights into their current circumstances, sought to actively engage in leisure activities as a means of overcoming the changes and challenges of menopause. With the reduction of family caregiving and childrearing responsibilities, they found themselves with more free time, which they devoted to new hobbies such as gardening, learning pottery, hiking, and exercising. They also relieved stress by traveling with friends, spending time with pets, and attending movies or performances, thereby embracing the freedom of time newly available to them.

"When I'm not busy, I feel even lonelier. So I go to concerts, visit art museums, and explore good restaurants... things I couldn't enjoy before. It feels like I'm living a new life."

"Since the kids left my care... I now have time, so I travel once a month with my high school friends. Honestly, I no longer want to spend that time with my husband or children. Being alone feels much more comfortable—that's my honest feeling."

3.2.4. Efforts to reaffirm femininity

This property illustrates a cultural pattern in which women in the climacteric, despite experiencing diminished self-esteem due to physical changes, do not remain in a state of withdrawal or shame. Instead, they actively invest in themselves and make deliberate efforts to restore and maintain their femininity, thereby reconstructing their identity.

"When I suddenly gained weight, none of my clothes fit. My husband looked me up and down and laughed. I felt terrible and my pride was deeply hurt. Now I pay 400,000 won a month for Wegovy injections (a diet drug) and have been doing so for four months—something I never would have dared to try before."

"I used to think cosmetic surgery was wrong, but honestly, hardly any woman around me hasn't had facial surgery or skin procedures. Deep wrinkles feel like a symbol of poverty... Now I just want to look younger, no matter what."

3.3 Anticipating and designing a better future

This category encompassed the properties of ‘Pursuing economic independence’, ‘Focusing on health management’, ‘Finding new social roles and pursuing self-development’, and ‘Seeking support from others’. These properties reveal that women perceive menopause not merely as a stage of loss but as a critical opportunity for growth and renewal, pursuing independence, well-being, and expanded social participation while mobilizing supportive networks.

3.3.1 Pursuing economic independence

This property illustrates how menopausal women, driven by fears of financial insecurity in later life and dependence on family, actively pursue economic independence. Some participants sought to secure their financial rights by demanding a division of assets from their husbands, while others engaged in income-generating activities, experiencing enhanced self-esteem and a strengthened sense of subjectivity through their earnings. This process goes beyond simply securing living expenses; it represents a reconstruction of identity in which women assert themselves with confidence, independent of reliance on their husbands or children.

“‘Since I often get sick, I thought that if my husband were gone someday, I might end up having to ask my children for money, or even fight with them over inheritance. As I get older, I really need money. So I protested to my husband and demanded my share in advance. (laughing) I even left home for a few days to stay at a friend’s place.”

“I wanted to earn money with my own hands. Honestly, my dream was to spend freely on my parents or shop for myself without feeling guilty. So I started working as an assistant on a school shuttle bus. Since I now make my own money, I don’t have to ask my husband for it, which has given me confidence. It also feels like participating in society, and I can be more confident in front of my children as well. It’s really me, myself, standing on my own.”

3.3.2 Focusing on health management

This property demonstrates how menopausal women, prompted by anxieties about aging and physical decline, come to regard health as the highest priority in life and actively engage in self-care practices. Participants shared the belief that *“health is the most important”*, reflecting a shift from previously criticizing others’ preoccupation with health to embracing healthy eating, exercise, and various health-promoting activities themselves. This change reflects not only an increased focus on physical well-being but also a reconstruction of identity in which women learn to value their own bodies and establish a foundation for their future lives.

“If I already struggle this much now, how frail will my body be as I get older? I’ve finally realized it. I’ve overworked my body until now, so from here on, I need to cherish it. Even with lots of money, what’s the point if you’re sick? Health is the best.”

“Now I try anything that’s said to be good for the body. In the past, when my husband was always looking for healthy foods, I found it annoying, and I used to scold him for spending money on exercise. but not anymore.”

3.3.3 Finding new social roles and pursuing self-development

This property illustrates how menopausal women actively engage in social activities and self-development in order to reduce feelings of isolation and broaden the meaning of their lives. Some participants reported that through religious or volunteer activities, they encountered people in more difficult situations, which helped them to put their own struggles into perspective. They also experienced a sense of fulfillment and belonging by realizing that they could provide help to others. Other participants pursued personal growth through new learning and skill acquisition, expressing joy in being able to study and improve regardless of age—for example, learning to play the piano, obtaining a barista certificate, or preparing for various culinary licenses. These experiences reveal a cultural pattern in which menopause is utilized not merely as a period of personal reflection but as a turning point for social contribution and self-realization, contributing to the reconstruction of identity.

“At church volunteer work, I see people who are worse off than I am, and it makes me think my own problems aren’t so bad. It’s rewarding to realize I can also be someone who gives help.”

“In the past, I wanted to learn piano but couldn’t because of money. Now I’m learning it, and I’m also challenging myself to get a barista certificate. I even want to obtain cooking licenses in Korean, Chinese, and Western cuisine. At this age, being able to learn and discover new things makes me so happy.”

3.3.4. Seeking support from others.

This property illustrates that menopausal women perceive support from family, spouses, workplaces, and the community as a crucial resource in overcoming physical and psychological changes. Participants emphasized that emotional empathy and social support networks play a decisive role in menopausal adaptation and the formation of a positive identity. They also highlighted the need to strengthen such support through greater understanding within families, improved awareness in workplaces, and expanded public services.

“Since my daughter shared sanitary pads with me, She knew my menopause. She listened fully to my feelings and accepted my mood. That was the greatest support. She even signed me up for yoga classes.”

“Menopause isn’t something that shows outwardly—it only happens inside my body. At work, younger colleagues seemed to laugh at my forgetfulness or treated me like I was slow to understand new things. Feeling understood in those changes is really important.”

“I can’t even express how helpful the community center programs are for me. Since they’re supported by the district, they’re affordable. But I wish they also offered psychological counseling for things like menopausal depression. Because that’s lacking, most people end up going to private psychiatrists.”

4. Discussion

This study applied an ethnographic approach to explore the identity transition process of married women experiencing menopause within the sociocultural context of Korea. The findings revealed that the identity reconstruction of this cultural group was

characterized by a shift away from family-centered and other-oriented life patterns toward the recovery of personal identity and desires, preparing for a new “second act” of life centered on oneself. In this sense, Korean married women perceived menopause not merely as a physiological transition but as a cultural practice through which they reorganized life priorities, redefined meanings, and reconstructed their lives within the broader social and cultural context. This overarching theme was manifested in three categories and twelve properties: ‘reorganizing interpersonal relationships’, ‘rediscovering oneself as an individual’, and ‘Anticipating and designing a better future’.

The category of ‘reorganizing interpersonal relationships’ reflects women’s active attempts to recalibrate interpersonal relationships according to their health, emotions, and life priorities. This category includes the properties of redefining the relationship with the husband, transitioning the relationship with children, redefining boundaries with extended family, and strengthening friendships. Through these changes, women moved away from traditional family centered, sacrificial relationships and reorganized them into more autonomous and selective forms, thereby illustrating a cultural pattern of shifting from role-based to self-directed relationships.

The property of ‘diminished presence of the husband’ illustrates how physical and emotional distance between spouses deepens during menopause, primarily due to changes in sexual relations and lifestyle patterns. This can be interpreted as a process in which women move away from the traditional norm of viewing sexual activity as a marital duty and begin to recognize their own autonomy and decision-making power over their bodies and emotions. Yoon and Han[29] reported that, in Korea, women after menopause tend to reevaluate their marital relationships as they experience emotional disengagement, placing greater emphasis on autonomy rather than on the traditionally companionate meaning of the spouse within Korean society. The findings of the present study extend this line of Korean research by further illustrating how such shifts are experienced and interpreted by married middle-aged women. Meanwhile, married women in Korea perceived the weakening of emotional bonds or a sense of obligation toward their husbands after the completion of childrearing not as a simple form of decline, but as an intentional process of relational reconstruction. This perspective may be understood as reflecting women’s active intention to reclaim subjectivity and regain control over their lives in midlife and beyond. Such changes are indirectly reflected in the recent increase in divorce rates among individuals in midlife and later adulthood in Korean society [30]. These findings are also consistent with results from Korean studies reporting a growing tendency among women after midlife to no longer regard caregiving labor for their spouses as an obligation—or to actively refuse it—while reclaiming their voices within marital relationships[20][25][31]. In this sense, this property does not merely signify a weakening of marital relationships; rather, it represents a cultural transition marked by the renegotiation of spousal roles and a transformation of traditional female identity within Korean society.

The findings on ‘breaking away from the confinement of motherhood’ and ‘redefining boundaries with extended family’ further highlight how Korean married women in midlife reconstruct their identities by redefining family ties after menopause. Traditionally, women’s identities in Korean society have been deeply rooted in sacrificial roles such as mother, daughter, and daughter-in-law, with caregiving and the fulfillment of familial duties taken for granted. However, the findings of this study indicate a cultural shift in which women increasingly resist these expectations and reclaim autonomy and subjectivity over their own lives. Specifically, the maternal role was no longer perceived as the sole defining axis of self-identity. Participants articulated a deliberate

psychological and practical separation from their children and reframed menopause as an opportunity for self-centered growth. This transformation in parent–child relationships aligns with findings from a Korean qualitative study on fathers’ parental roles among those with early adult children, which reported that maintaining an appropriate level of distance from their children enhanced parental role self-efficacy [32]. It is also consistent with the work of Haslam et al [6], which reinterprets the traditionally negative concept of the “empty nest syndrome” as a positive adaptive mechanism for midlife.

In parallel, women also restructured relationships with extended family, adjusting their roles as daughters-in-law, daughters, and siblings by balancing personal well-being with social expectations. Rather than unconditionally fulfilling caregiving duties, participants deliberately recalibrated relationship intensity based on their health and circumstances. This reflects a process of repositioning themselves within the broader social network, grounded in the lived experience of aging. Taken together, changes in these two relational domains indicate that identity reconstruction during the climacteric period extends beyond internal self-care and the recovery of autonomy; it also involves an external, negotiated process of redefining relational boundaries. In other words, women undergoing the climacteric are redefining maternal centrality and extended family obligations, while constructing selective and autonomous relationships, thereby challenging traditional gender role norms in Korean society and giving rise to emerging cultural patterns of change.

The property of ‘strengthening friendships’ reflects the phenomenon in which menopausal women develop greater psychological reliance and a stronger sense of belonging in relationships with friends or sisters, rather than within spousal or family ties. In particular, bonds with same-aged women who are experiencing menopause together functioned as a key resource by providing resilience and psychological stability. These findings are consistent with results from several international studies on the quality of life of menopausal women, which have argued that non-familial social support networks play a decisive role in enhancing the quality of life of middle-aged women in North America and Western Europe [4][33][34][35]. In addition, a recent Korean study analyzing changes in the lives of middle-aged women over the past decade reported that Korean middle-aged women tend to reconstruct previous family-centered interpersonal relationships and seek new relational changes within their core life experiences [27]. Taken together, these findings provide a broader context for interpreting the results of the present study and underscore the need to expand community-based resources that strengthen social support networks beyond the family in Korean society.

Participants in this study also reported that friendships allowed them to share menopausal experiences and information, while offering mutual comfort, empathy, and healing. Strengthened friendships thus serve as a positive coping resource, enabling menopausal women to overcome potential physical and psychological withdrawal and to restore meaning and vitality in life. To prevent social isolation during menopause, it is essential to actively promote informal support systems such as self-help groups, friendships, sisterhoods, and community networks. These resources can significantly contribute to self-esteem, social solidarity, and the restoration of life meaning.

The relational changes observed among married Korean women during the climacteric period within the category of “redefining interpersonal relationships” suggest a gradual weakening of traditionally family-centered values in Korean society, including expectations between parents and children and obligations related to family caregiving. These changes reflect a shift away from predominantly sacrificial relationships toward more selective ones, and from role-centered relationships toward more autonomous forms

of relational engagement. In this sense, the findings illustrate an emerging cultural pattern among middle-aged women in contemporary Korean society. Notably, Northrup [9] argued that in Western societies—where feminist movements had been more actively developed—menopause could function as a turning point at which women reclaim subjectivity, and that the reorganization of marital relationships during this period could lead to changes in power dynamics within marriage. The present findings suggest that similar patterns are gradually becoming evident in Korean society as well.

These experiences of middle-aged women can be understood within the broader context of increasing nuclearization and individualization. As women increasingly reject the long-emphasized sacrificial role of the “sandwich generation,” traditionally responsible for both parental caregiving and childrearing, their consciousness appears to be shifting toward greater individualization. Influenced in part by mass media discourses emphasizing women’s rights and autonomy, this transformation indicates that not only younger generations but also middle-aged women in Korea are progressively adopting more Western-oriented ways of thinking. However, at the same time, married women continued to face social pressures and internal conflicts stemming from persistent expectations to maintain family-centered roles while pursuing autonomy and identity restoration. Therefore, it is essential to promote a broader societal shift in perception that recognizes these changes during menopause as a healthy adaptive process and an effective coping mechanism, rather than as a sign of relational decline.

The category of ‘rediscovering myself as an individual’ illustrates how women use menopause as a turning point to critically re-examine their lives, assign new meaning, and actively reconstruct their identity. It also reflects a shift in lifestyle, as women free themselves from the temporal and economic pressures of childrearing and family caregiving, instead pursuing autonomy and emotional stability. This category encompasses four properties: reflecting one’s life, investing in oneself, engaging in new leisure activities, and efforts to reaffirm femininity. Collectively, these properties represent a positive trajectory of change in which women, through self-reflection and intentional practice, proactively prepare for the “second act” of life.

The property of ‘Reflecting one’s life’ reflects a transition in which women move away from sacrifice-centered family roles to recognize and prioritize their own needs and emotions. This process illustrates how menopause can serve as an opportunity for self-reflection and for redesigning a healthier and more self-directed life. These findings are consistent with the study by Hwang et al [25], which conceptualized the menopausal transition among middle-aged women in Korea as a period of self-care and identity reconstruction. Furthermore, these patterns resonate with Lock’s [36] earlier observation that women after menopause seek to construct self-centered identities free from others’ expectations. The present findings suggest that this perspective, articulated over three decades ago, is now becoming concretely manifested as a cultural characteristic within contemporary Korean society.

In addition, the properties of ‘investing in oneself’, ‘engaging in new leisure activities’, and ‘efforts to reaffirm femininity’ illustrate the process through which menopausal women shift from family-centered roles to a more self-centered mode of living. Participants moved beyond earlier attitudes of sacrifice and restraint and reconstructed their consumption practices and daily living patterns to prioritize themselves, a finding that is consistent with results from a Korean study interpreting menopause as an opportunity for self-care [27]. Furthermore, participants’ efforts to regain vitality and autonomy by actively engaging in a range of leisure activities and social participation—using time made available through reduced family caregiving burdens—support both

domestic and international findings that hobbies and leisure activities among menopausal women are important factors in enhancing quality of life and mental health [35][37][38].

In particular, participants' efforts to maintain femininity through appearance management and the restoration of body image in the present study carry meanings that extend beyond attempts to compensate for age-related physical changes. In the Korean context, appearance management among menopausal women has been reported to have positive effects on enhancing self-esteem and promoting mental health [26][39]. These findings align with the experiences of participants in the present study, who sought to reconstruct their self-identity through cosmetic procedures, skin treatments, and health management practices. Furthermore, the desire for and engagement in self-care—including appearance-related practices—among Korean middle-aged women can be more broadly interpreted in light of studies suggesting that Korea's transition into a more advanced society, alongside developments in medical and cultural environments, has become an important influencing factor in women's lives [24][40].

Meanwhile, earlier Korean studies predominantly conceptualized menopause as a period characterized by loss and psychological regression. For instance, Kim [41] identified the dominant experiential type of menopausal women as one of 'self-pity' with psychological withdrawal as its major feature. However, more recent research [25], as well as the findings of this study highlight a prevailing tendency toward a more active and positive acceptance of menopausal change, characterized by self-care, enhanced self-efficacy, and identity reconstruction. This shift suggests that within the changing Korean sociocultural context, women's identities are being reconstructed not as narratives of loss, but as opportunities for growth, self-realization, and positive life transitions.

The category of 'anticipating and designing a better future' reflects the proactive attitudes of women who, during the menopausal transition, move away from dependent and passive orientations and instead actively reconstruct their lives and pursue growth rather than remaining complacent in the present. This category illustrates how women cultivate independence and self-direction as they prepare for a new stage of life. It comprises four properties: pursuing economic independence, focusing on health management, seeking new social roles and self-development, and securing support from others. Through these strategies, participants sought to build a more independent and meaningful future, revealing a cultural pattern in which menopause is not regarded as a period of "loss" but as an opportunity for "renewal".

In particular, the property of 'pursuing economic independence' emerged as a pattern in which participants sought financial independence against a backdrop of fears related to financial insecurity in later life and dependence on family members. This finding supports both domestic and international studies that have interpreted economic resources as a key factor in enhancing self-esteem among middle-aged women and in facilitating the restoration of social subjectivity [5][13]. In addition, Similarly, the property of 'focusing on health management' demonstrates a shift in which participants come to view health as a fundamental foundation for sustaining their future lives and to practice self-care in a more active and agentic manner. This perspective reframes menopause not as a period of mere physical decline but as a pivotal turning point marking the beginning of renewed self-management and life reorganization, and can thus be interpreted as another meaningful, positive, and developmental pattern of adaptation among menopausal women in Korean society.

Moreover, the property of 'seeking new social roles and self-development' captured participants' engagement in religious groups, volunteer work, learning, and obtaining certifications, through which they experienced new belonging, social contribution, and a

sense of accomplishment, thereby restoring self-worth. The tendency of midlife women to rediscover meaning in life through engagement in volunteering, learning, and other activities that release them from the burdens of paid work or family caregiving—and to undergo a transition toward altruistic and community-oriented ways of living during menopause—has been a common transitional pattern among menopausal women in North America and Europe. However, this trend appears to be gradually expanding in the Korean context as well [5][7][33][35][38].

The property of ‘securing support from others’ reflects menopausal women’s experiences of requesting emotional empathy, recognition, and support from family and society in order to effectively accommodate menopausal changes and enhance resilience. In this study, family and social support provided women with emotional stability and functioned as an essential resource for accepting and coping with the physical and psychological challenges encountered during the menopausal transition. This aspect has been relatively underemphasized in previous Korean studies of menopausal women [21][37]. This finding aligns with the long-emphasized importance of “supportive networks” in Western societies [15][34][42]. Previous international studies have reported that a lack of social support constitutes a major risk factor for psychological symptoms such as depression and anxiety among menopausal women [4][43]. Duralde et al have emphasized the importance of communities and social networks that provide psychological support [44]. Notably, participants in the present study strongly expressed the need for community- and public-level support systems beyond family-based support. This finding may be interpreted in light of the participants’ status as urban residents who actively utilize community centers, as well as the broader social trend in Korea toward increased use of and participation in community-based facilities. At the same time, these results indicate that social attention and institutional support for menopausal women in Korea remain insufficient, underscoring the urgent need to expand social and policy support systems to promote healthy adaptation and improve quality of life during the menopausal transition.

This study reveals a substantial transformation in women’s identities during the climacteric period within the Korean sociocultural context, reflecting broader societal changes. Historically, under Confucian traditions and family-centered cultural norms, women internalized identities grounded in caregiving and sacrifice. In contrast, the present findings demonstrate that menopause is increasingly experienced as a transitional period in which women prioritize themselves. This shift suggests that cultural trends long observed in more individualistic Western societies—where menopause has been reinterpreted as a “second chapter of life” emphasizing self-realization and independent female identity [7][45]—are now emerging within Korean society as well. In addition, this study reveals that middle-aged women experiencing menopause go beyond merely accepting biological and psychological changes and actively reconstruct their lives across multiple domains, including economic, health-related, social, and emotional spheres. Whereas climacteric among middle-aged women in Korean society was predominantly framed as a crisis of loss and decline and as a passive challenge requiring reliance on others in the past [29][41], the present study demonstrates a reinterpretation of climacteric as embodying positive values such as autonomy, subjectivity, independence, and a sense of liberation. This shift suggests that perceptions of climacteric have increasingly evolved toward being understood as a positive transitional phase rather than solely as a period of decline.

Meanwhile, the findings of the present study differ somewhat from those of previous studies conducted primarily in South Asia and the Middle East, which reported that

women who did not adopt lifestyle modifications or attitudinal changes after menopause exhibited higher quality of life [16][17][18][46]. This discrepancy may be interpreted to suggest that in societies where women's rights and social resources are more developed, the pursuit of identity transformation after menopause is more likely to be recognized as enhancing quality of life. In this regard, the present findings reflect a cultural dimension of contemporary Korean society in which not only the MZ generation but also middle-aged women are increasingly amplifying their voices and experiencing improvements in women's rights and autonomy. Ultimately, these results provide important empirical grounds for the development of health promotion initiatives and social support policies for menopausal women.

The participants of this study were limited to married middle-aged women residing in urban areas. In addition, women who were using hormone replacement therapy, those who had experienced surgically induced menopause, and unmarried women were excluded. Therefore, caution is warranted when interpreting and generalizing the findings of this study.

5. Conclusion

This study employed an ethnographic research method to explore the cultural patterns and meanings of identity transformation among married women experiencing climacteric within the sociocultural context of Korea. The findings revealed that the overarching cultural theme that emerged was "Building the second act of life centered on oneself" This theme illustrates how women, through the climacteric transition, shift away from family-centered and other-oriented patterns of life toward reconstructing their priorities around the self and redefining the meaning of life. It also highlights a positive cultural reframing of menopause—not as a mere biological change or a loss, but as the starting point of new self-care and identity reconstruction.

Based on these findings, several implications can be suggested.

First, there is a need to foster sociocultural environments that support identity recovery for climacteric women. Social recognition should move beyond viewing climacteric as a stage of decline and instead embrace it as a period of maturity and autonomy. Developing community-based programs and self-care workshops specifically tailored for climacteric women could serve this purpose.

Second, a stronger balance must be established between identity reconstruction and social recognition. Women's identity should not be confined to reproductive capacity or physical appearance but reinforced through autonomy and self-realization. To achieve this, policy, educational, and media approaches need to be integrated.

Third, the expansion of a culture of empathy within families and workplaces is essential. Educational and counseling interventions should be provided to enhance understanding of the often invisible symptoms of climacteric and to promote emotional support among family members. Likewise, workplace environments need to evolve toward more inclusive cultures that acknowledge and accommodate the unique characteristics of climacteric women.

Future research could extend these findings through comparative studies involving unmarried women, women using hormone replacement therapy, and women living in rural areas. Such studies would allow for a deeper exploration of how sociocultural and contextual factors shape identity reconstruction during the climacteric period. Furthermore, longitudinal research designs are recommended to examine changes in

women's identities over time and to capture the dynamic nature of identity reconstruction across different stages of the climacteric transition.

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